

**DEFENDANT SCOTT'S SPLASH LAGOON, INC.'S**  
**INTERROGATORIES TO PLAINTIFF**

NOW COMES the Defendant, Scott's Splash Lagoon, Inc., by and through its attorneys, Murphy Taylor, L.L.C., and propounds these Interrogatories pursuant to F.R.C.P. 33, as follows:

1. For Plaintiff Tanielle Shurney, please state:

- a. all the names you have ever used, or by which you have been known, including nicknames;

ANSWER:

N/A

- b. your date of birth;

ANSWER:

4/10/72

- c. your residence address for the prior five years;

ANSWER:

12626 Brackard (VP)  
Cleveland, Ohio 44108

13411 6<sup>th</sup> Ave.  
East Cleveland, Ohio  
44112

- d. the name and relationship to you of each resident of your household in the last five years.

ANSWER:

I live with my children listed  
in the Initial disclosures

2. State the name, address, and telephone number of any person who was with you or in your vehicle on the date of the arrest.

ANSWER: *See initial disclosures*

3. Have you ever been convicted of a crime? If so, please state:

a. the nature of the offense for which you were convicted;

**ANSWER:**

b. the jurisdiction; and

**ANSWER:**

c. the length of your sentence or other disposition.

**ANSWER:**

~~But~~ no prior arrests

4. Have you ever been arrested? If so, please state:

a. the date of your arrest; 7/3/04 (our case issue)

ANSWER:

b. the offense for which you were arrested;

ANSWER:

Access Device  
Theft

c. the jurisdiction of your arrest; and

ANSWER:

Maz Dis. 06-3-05

d. the disposition of the charges.

ANSWER:

Dismissed no Probable Cause

5. Have you previously asserted in any legal proceeding that you were falsely arrested, arrested without probable cause, or falsely imprisoned? If so, please state: *no*

- a. the nature of the legal proceeding in which such claim or claims were made;

**ANSWER:**

- b. the jurisdiction in which the claim arose; and

**ANSWER:**

- c. the disposition of any such claims.

**ANSWER:**

6. For the past five years, please identify the name and address of any employer, and provide inclusive dates of employment, and any position you held with each such employer.

ANSWER:

Chase Manhattan Bank - data entry clerk  
A Private Insurance Company - data  
entry clerk

7. Identify the name, address, and telephone number of any physician with whom you have received treatment within the five years preceding the date of the arrest incident.

ANSWER:

*n/a*

8. State all injuries you allegedly sustained in the arrest incident.

ANSWER:

There were no Physical Injuries.

However not being believed by the  
DS at the Time of my arrest and my  
week of Subsequent Incarceration continues  
to cause emotional distress. Being arrested  
in front of my children and being away  
from them for a week were also Contribu-  
tional factors



9. If you have not fully recovered from your injuries, state in what respects you have not fully recovered.

ANSWER:

Genuinely, The Problems will continue  
to affect my relationship with my children.  
My Son was murdered recently and he died  
unsure as to whether his mother was a  
criminal

I certainly fear the police alot more  
and understand the particular pain of being  
discriminated against because I'm black. There  
is no way that any of the parties to  
this case or the court personnel would have  
been arrested under identical circumstances.

10. Describe any pain, incapacity, inability to work, or disability alleged to have resulted from the injuries you sustained.

ANSWER:

As reflected in my previous response (Q.9) the ordeal has permanently altered my faith in the Pa. State Police. Furthermore, since they are supposed to be the most professional, I fear contact with any law enforcement. I waived my right to an attorney, provided photo identification of myself and the registration for my car, told the Trooper who made the reservation and gave him her address. The Trooper knew that I had no prior record but arrested me anyway. The Hotel staff lied to me and appeared at my preliminary hearing as Government witnesses so they could try to get me to pay for this \$200.00. As a result, its harder for me to trust anyone.

11. Set forth the names and addresses of all hospitals or clinics in which you have been confined or received outpatient treatment because of the alleged arrest incident, with dates of confinement and outpatient treatment received, and the charges for the same.

**ANSWER:**

*n/a*

12. Set for the names and addresses of all doctors, nurses, chiropractors, or other healthcare providers who have rendered services to you because of this incident, and the inclusive dates of such services, number of visits, and the charges for the same.

**ANSWER:**

*u/a*

13. When and by whom were you last examined or given medical attention for any alleged injuries sustained in the arrest incident.

**ANSWER:**

*n/a*

14. If you are still under a doctor's treatment for injuries received in the alleged arrest incident, by whom and how frequently are treatments given to you at the present time?

ANSWER: ~ / a

15. Set forth the names and addresses of all counselors, psychologists, or psychiatrists, who have rendered services to you because of the alleged arrest incident.

ANSWER: *n/r*

16. If you are making a claim of loss of earnings or impairment of earning power because of the arrest incident, please set forth the following: *u/n*

- a. the name and address of your employer, your job classification, and your monthly or weekly rate of pay at the time of the arrest incident;

ANSWER:

- b. if you had more than one employer in the three year period prior to the date of the arrest incident, state the name and address of each such employer other than the one mentioned above, and your job classification, your weekly or monthly rate of pay, and inclusive dates of such employment during the three year period;

ANSWER:

- c. total earnings for the period of one year prior to the date of the arrest incident;

ANSWER:

- d. state the inclusive dates during which you were unable to work as a result of the arrest incident and the total amount of pay you lost because of this absence;

ANSWER:

- e. state the date in which you started to work again, and state the name and address of each employer for whom you have worked, with inclusive dates of employment, each job classification you have held and each monthly or weekly rate of pay which you received from the date you started work again after the arrest incident until the present time.

ANSWER:



17. Describe in detail all other expenses incurred as a result of this alleged arrest incident.

**ANSWER:**

Costs for Transportation, the bail bondsman  
and related expenses are on going.

18. State your age, date and place of birth, marital status and name and address of spouse at time of arrest incident upon which this lawsuit is based, marital status and name and address of spouse at present.

ANSWER: *There is no Spousal Claim.*

19. Identify all employees of Defendant Scott's Splash Lagoon, Inc., whom you contend aided in your investigation, arrest, and/or prosecution.

ANSWER:

Party Purchase as well as those  
individuals listed in the Δ's initial  
disclosures. Obviously, there could have  
been others but the Defendant would  
know much better than I.

20. Identify "E. M." referenced in ¶12 of your Complaint, and provide the full name, address, and telephone number of this individual.

ANSWER:

E. M. is Another black woman who  
was Arrested on Charges Similar To  
The 11. The Charges were Also dropped  
for Lack of Probable Cause.

Her Current whereabouts are unknown  
but may be Available at District Judge  
Dwyer's office - reference Commonwealth v  
Estelle Martin

21. Identify all employees of Defendant Scott's Splash Lagoon, Inc., whom you contend aided in the investigation, arrest and prosecution of "E. M.".

ANSWER:

See response to Question 20.